



WESTERN BERKS FIRE DEPARTMENT

111 Stitzer Avenue | Wernersville, PA 19565 | Phone (610) 678-1332 | Fax (610) 898-4280
<http://www.westernberksfire.org>

OVERTIME REQUEST FORM

Employee Name: _____ Date Request Completed: _____

Overtime worked from: _____ to _____ on _____ Total Hours Worked: _____
Hour Hour Mo Day Year

Reason for overtime: _____

Method of Payment: Cash Compensatory Time

Employee Signature _____

Supervisor Signature: _____ Date: _____

Approved? Yes No

Comments _____

NOTE: If overtime is ***NOT*** related to an incident which the department is dispatched to, prior approval must be obtained from the Fire Commissioner.